



NOV. 14 2003 2:28PM LVM 312 616 5700

NO. 6079 P. 2

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LEYDIG VOIT & MAYER, LTD  
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PETER PHILLIPS	(Depositor's name)
<i>Peter Phillips</i>	(Signature)
NOVEMBER 14, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,224	02/09/2001	Petrus W. Roelvink	208859	6994

TITLE OF INVENTION: ADENOVIRAL CAPSID CONTAINING CHIMERIC PROTEIN IX

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	02/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GUZO, DAVID	1636	435-456000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Leydig, Voit & Mayer, Ltd.  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GenVec, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Gaithersburg, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

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(Authorized Signature)

John Kilyk, Jr., reg. 30,763

(Date)

11/14/2003

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PTO-24 (Rev. 10/03) Approved for use through 04/30/2004.

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